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| SAN JOAQUIN GENERAL HOSPITAL San Joaquin County Community Clinics | Department of ACS/Phone Center & Panel Management Staff | Page 1 of 1 |
| | Effective Date December 2012 | Date Replaces NEW |
| Title of Policy/Procedure Health History Questionnaire (HHQ) Distribution | | |

PURPOSE:

To ensure patients are provided with the Health History Questionnaire (HHQ) upon assignment of a primary care physician. This form will provide the PCP with invaluable information on the historical care of the patient, as well as provide a guideline for further treatment.

POLICY:

The ACS Phone Center or Panel Management staff will provide patients with a copy of the Health History Questionnaire upon assignment of a new PCP clinic visit. This form will be distributed either in person (via the Panel Management office), or via U.S. mail along with the patients scheduled appointment letter (Panel Management or Phone Center offices).

PROCEDURE:

Phone Center Encounters

1. Establishment of new Primary Care Physician

Phone Center staff will identify if the patient in question is a new patient of SJGH via the ONE-CALL system using the 'Patient Schedule' screen.

2. Notification of HHQ to patient at appointment issuance

Once Phone Agents have provided an appointment for new patient establishment, the agent will notify the patient of the HHQ via the following script:

"Your new primary care physician would like you to complete a Health History questionnaire to assess your medical history in a complete manner. I will send you a copy of this form in your appointment letter. Please take the time to fill out the form and bring it along with you to your scheduled appointment date."

3. Issuing of HHQ with mailed appointment letter

The Phone Agent will attach a copy of the HHQ Form along with the clinic appointment letter and mail to the patient by Close of Business (COB).

Panel Management Encounters

1. Establishment of New Primary Care Physician

Panel Management staff will identify if a patient requires a new patient appointment at time of visit to Panel Management office, or via a phone-call from either the patient

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| SAN JOAQUIN GENERAL HOSPITAL San Joaquin County Community Clinics | Department of ACS/Phone Center & Panel Management Staff | Page 2 of 1 |
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Establishment of New Primary Care Physician (continued)

or Inpatient/ER unit at time of dismissal. This will be completed using the ONE-CALL system and the 'Patient Schedule' screen located within the program.

2. Notification of HHQ to patient at appointment issuance

Once Panel Management staff has provided an appointment for new patient establishment, the agent will notify the patient of the HHQ via the following script:

"Your new primary care physician would like you to complete a Health History questionnaire to assess your medical history in a complete manner. I will provide you a copy of this form with your appointment letter. Please take the time to fill out the form and bring it along with you to your scheduled appointment date."

****if the appointment is provided to an Inpatient HUC/ER Unit clerk instead of a patient, the HHQ will be sent along with the patient appointment letter.***

4. Issuing of HHQ with mailed appointment letter

The Panel Management agent will attach a copy of the HHQ Form along with the clinic appointment letter if the patient is in the Panel Management Office, or attach and mail the HHQ form to the patient by COB if the appointment is give via a phone call.

Authors: ACS Panel Management
 Approvals: San Joaquin County Community Clinic Board
 CC: All Hospital Departments

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| SAN JOAQUIN GENERAL HOSPITAL San Joaquin County Community Clinics | Department of AMBULTORY CARE SERVICES | Page 1 of 2 |
| | Effective Date January 2013 | Date Replaces NEW |
| Title of Policy/Procedure <p style="text-align: center;">Hypoglycemia Protocol</p> | | |

Hypoglycemia Protocol
Blood glucose less than or equal to 70 mg per dL

| | |
|--|---|
| Blood sugar >70 mg/dL AND patient is NOT symptomatic | 1. No treatment necessary |
| Blood sugar 70-100 mg/dL AND patient is symptomatic | 1. Administer 15 grams of glucose gel If glucose gel is not available, choose one of the following: <ul style="list-style-type: none"> • 4 oz. of any juice by mouth • 4 oz. soda • 3 graham crackers • 6 saltine crackers 2. Recheck blood sugar if more than 30 minutes until next meal, snack. |
| Blood sugar <70 mg/dL AND patient is alert | 1. Administer 20 grams of glucose gel If glucose gel is not available, choose one of the following: <ul style="list-style-type: none"> • 6 oz. of any juice by mouth • 6 oz. of soda 2. Recheck blood sugar in 15 minutes. 3. If blood sugar still <70mg/mL, repeat step 1 and 3. |
| Blood sugar < 45 mg/dL AND patient is alert | 1. Administer 30 grams of glucose gel If glucose gel is not available, choose one of the following: <ul style="list-style-type: none"> • 8 oz. of any juice by mouth • 8 oz. of soda • 30 grams of glucose gel 2. Recheck blood sugar in 15 minutes. 3. If blood sugar still <70 mg/dL, repeat step 1 and 3. |

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| SAN JOAQUIN GENERAL HOSPITAL San Joaquin County Community Clinics | Department of AMBULTORY CARE SERVICES | Page 2 of 2 |
| | Effective Date January 2013 | Date Replaces NEW |
| Title of Policy/Procedure <p style="text-align: center;">Hypoglycemia Protocol</p> | | |

Desired blood sugar level:

Recheck blood sugar every 15 minutes until blood sugar is 70 mg/dL or greater and without symptoms.

Notify physician if:

- Blood glucose is <70 mg/dL.

If patient is not alert or responsive:

- Notify Physician AND transfer patient to the Emergency Room

DRAFT

Authors: ACS Administration

References: SJGH Insulin Sliding Scale Order
 American Diabetes Association
 NCQA Standard

Approvals: San Joaquin General Hospital Medical Executive Committee
 San Joaquin County Community Clinic Board

CC: All Hospital Departments

Project Abstract

Population Served

San Joaquin County (SJC), San Joaquin County Health Care Services Agency (SJCHCSA), San Joaquin General Hospital (SJGH) and San Joaquin County Clinics (SJCC) have for over 150 years served the residents of San Joaquin County. As the county "safety net" provider, these county entities provide access to health care for the uninsured, underinsured and low income population residing within San Joaquin County. While the hospital and majority of clinics are located in the City of Stockton and the unincorporated community of French Camp, residents from throughout the county seek health care as there are limited facilities that serve these populations in many sectors of the county. The county is rich in livestock and agriculture; patients served include migrant seasonal farm workers, their families and unskilled and limited skilled labor force. County agencies have reached out to patients with limited education and/or understanding of wellness, health prevention and chronic disease maintenance with the purpose of decreasing morbidity and mortality.

In the spring of 2012, the City of Stockton filed for bankruptcy, the largest community in California to do so. In addition to the existing 13.6% unemployment rate for the county, after the bankruptcy filing, many city jobs were lost.

Summary of Organizational Structure

The San Joaquin County Clinics (SJCC) is a California Non-Profit Public Benefit Corporation 501(c)(3) seeking an applicant /co-applicant FQHC-LAL designation. The County is the public agency with SJCC serving as the private agency for this designation. Collectively, these organizations meet all HRSA Section 330 requirements for FQHC-LAL designation. SJCC currently operates two clinics in Stockton and three clinics in the community of French Camp. Clinics provide primary care to patients of all age groups, from prenatal care to centenarians. SJCC is governed by a community Board of Directors representing the patient population in regards to gender, race and ethnicity. The Board is designed for 11 members; there are two current vacancies, designated for Hispanic members. The current Board is comprised of 9 members: 6 users and 3 non-users; 3 male and 6 females; 2 Hispanic (2 vacancies in this category); 3 White; 2 Blacks; and 1 Asian.

Brief History of the Organization

SJCC's organizational structure began with the Board of Supervisors granting initial authority to develop an ambulatory primary care system to serve the disenfranchised and /or low income population in a FQHC-LAL designated group of clinics in 2010. In 2011 the clinics incorporated under California Non-Profit Public Benefit Corporation and in 2012, the clinics received 501(c)(3) IRS tax exempt status. Previously, these clinics operated under San Joaquin General Hospital. San Joaquin County has an independent Family Medicine training program, affiliated with the University of California, Davis Medical School, with one of the clinics providing a clinical training site for the residents. The County has lead in the implementation of the Low Income Health Program (LIHP) to provide health coverage for the uninsured that were previously not eligible for other public insurance programs as part of California's "Bridge to Reform" Section 1115 Waiver .

Since 2011, as part of a collaborative with the Health Plan of San Joaquin, Community Medical Centers, and SJC Behavioral Health Services, the clinics have participated in a TIDES Foundation grant for the development of a Patient Centered Medical Home (PCMH). The PCMH model has been implemented and the clinics are working towards NCQA recognition. In September of 2012, the clinics received NCQA recognition for their Diabetes care management program.

Health care needs

Located in California's Central Valley, much of the health care needs of the clinic population are related to chronic diseases of diabetes, hypertension, obesity, depression or other mental illnesses related to low income status. Spanish is the most frequently spoken language other than English with 22% of the counties' population being foreign born. Much of this population suffers from untreated or undertreated chronic diseases. The Valley has historically had a greater rate of unemployment than the state and in October 2012 was 16.5%.

Services provided

SJCC clinics provide primary care to patients of all age groups, from prenatal care to centenarians in five clinic locations. Patients receive care regardless of their insurance status and/or ability to pay for health care services. Specifically, SJCC directly provides the following services: general primary medical care; screenings for cancer and communicable diseases; cholesterol and blood lead test for elevated blood lead level; pediatric vision, hearing and dental examinations; voluntary family planning; immunizations; well child services; gynecological care; obstetric care; prenatal and perinatal care; counseling/assessment referral and follow-up; health education; outreach; translation and substance abuse services. SJCC refers patient in need of the following services to other community providers: diagnostic laboratory and x-ray is referred to SJGH; behavioral health, substance abuse for residential treatment and rehabilitation are referred to SJCHCSA; emergency medical services are referred to the emergency department of SJGH; and specialty medical services are referred to SJGH specialty clinics and providers. Oral health treatments are referred to Community Medical Center's dental clinic and University of Pacific, School of Dentistry.

Providers, Locations, Encounters & Patients

SJCC's are staffed by multi-cultural and multi-lingual providers and support staff. Primary health care providers include the following staff: 12.5 FTE General Practice; 4.5 FTE OB/GYN; 5.0 FTE Pediatrician; 4.3 FTE Family Nurse Practitioner and Physician Assistants. SJCC anticipates an additional 3.0 FTE to be added by the end of the project period. Much of this projected staffing increase will be the result of the implementation of the Affordable Care Act and enrolling currently uninsured population in the counties new Low Income Health Program (LIHP) comprehensive health coverage programs. SJCC provides a "medical home" to the uninsured, underinsured and low income population seeking access to healthcare at any of the five clinic sites. SJCC has provided access to primary health care to 28,796 patients and 71,990 billable visits in 2011.

SJCC's Healthy Beginnings at both the Stockton and French Camp locations provide obstetric and gynecological care; SJCC -Primary Medicine Clinic's are located in both communities. The SJCC-Children's Health Service provides pediatric care in the Stockton location and the SJCC - Family Medicine Clinic is located in French Camp. These clinics provide pediatric, women's health and general primary care medical care.

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|---|--------------|--|--------------|------------|
| San Joaquin General Hospital | | | | |
| Healthy Beginnings French Camp (#7183) | | | | |
| November 2012 Preliminary Financial Results | | | | |
| | | | Fiscal | Estimated |
| | November | | Year-to-Date | Collection |
| | 2012 | | Total | Rates |
| Medicare | 8,635 | | 36,903 | 29.28% |
| Medi-Cal Fee-for-Service | 76,258 | | 366,635 | 19.88% |
| Medi-Cal Managed Care | 52,068 | | 290,449 | 14.10% |
| Insurance | 2,804 | | 25,043 | 62.96% |
| Self Pay | 2,461 | | 12,227 | 65.47% |
| Indigent | 39,793 | | 168,362 | 2.99% |
| Gross Revenue | \$ 182,019 | | \$ 899,619 | |
| | | | | |
| Contractual/Bad Debt/Charity | 152,423 | | 746,167 | |
| | | | | |
| Estimated Net Revenue | 29,596 | | 153,452 | |
| % of Gross Revenue | 16.3% | | 17.1% | |
| | | | | |
| RNs | 9,700 | | 49,536 | |
| LVNs | 563 | | 2,513 | |
| Aides & Orderlies | 10,224 | | 48,838 | |
| Clerical | 1,647 | | 22,564 | |
| Non-Physician Medical Pract | 5,362 | | 21,938 | |
| Other Salaries | 8,530 | | 8,530 | |
| Temporary Nurse Staffing | 40 | | 220 | |
| Temporary Staffing | - | | - | |
| Total Salaries | 36,066 | | 154,139 | |
| | | | | |
| Benefits | 17,103 | | 71,823 | |
| As a % of Salaries | 47.4% | | 46.6% | |
| Total Salaries and Benefits | 53,169 | | 225,962 | |
| | | | | |
| Physician Compensation | 73,002 | | 73,002 | |
| Supplies | 1,257 | | 1,257 | |
| Purchased Services | 1,761 | | 5,329 | |
| Other Direct Expense | 1,077 | | 5,289 | |
| Depreciation | 465 | | 2,532 | |
| Total Expenses | 130,731 | | 313,371 | |
| | | | | |
| Operating Income | \$ (101,135) | | \$ (159,919) | |
| | | | | |
| Payor Mix | | | | |
| Medicare | 4.7% | | 4.1% | |
| Medi-Cal Fee-for-Service | 41.9% | | 40.8% | |
| Medi-Cal Managed Care | 28.6% | | 32.3% | |
| Insurance | 1.5% | | 2.8% | |
| Self Pay | 1.4% | | 1.4% | |
| Indigent | 21.9% | | 18.7% | |
| Total | 100.0% | | 100.0% | |

| | | |
|---|--------------|----------------|
| San Joaquin General Hospital | | |
| Proposed FQHC Cost Centers - Consolidation | | |
| November 2012 Preliminary Financial Results | | |
| | | Fiscal |
| | November | Year-to-Date |
| | 2012 | Total |
| Medicare | 126,197 | 716,554 |
| Medi-Cal Fee-for-Service | 275,886 | 1,500,524 |
| Medi-Cal Managed Care | 513,306 | 3,174,550 |
| Insurance | 19,559 | 104,618 |
| Self Pay | 46,623 | 238,462 |
| Indigent | 452,489 | 2,561,272 |
| Gross Revenue | \$ 1,434,060 | \$ 8,295,980 |
| Contractual/Bad Debt/Charity | 1,251,272 | 7,244,825 |
| Estimated Net Revenue | 182,788 | 1,051,155 |
| % of Gross Revenue | 12.7% | 12.7% |
| RNs | 36,330 | 204,336 |
| LVNs | 15,303 | 84,779 |
| Aides & Orderlies | 88,304 | 471,053 |
| Clerical | 12,389 | 76,769 |
| Non-Physician Medical Pract | 33,973 | 143,500 |
| Other Salaries | 17,060 | 17,060 |
| Temporary Nurse Staffing | 14,409 | 88,915 |
| Temporary Staffing | 4,388 | 19,138 |
| Total Salaries | 222,156 | 1,105,550 |
| Benefits | 151,961 | 651,613 |
| As a % of Salaries | 68.4% | 58.9% |
| Total Salaries and Benefits | 374,117 | 1,757,163 |
| Physician Compensation | 466,827 | 2,222,630 |
| Supplies | 10,246 | 90,182 |
| Purchased Services | 5,313 | 24,694 |
| Other Direct Expense | 12,035 | 63,181 |
| Depreciation | 3,955 | 19,696 |
| Total Expenses | 872,493 | 4,177,546 |
| Operating Income | \$ (689,705) | \$ (3,126,391) |
| Payor Mix | | |
| Medicare | 8.8% | 8.6% |
| Medi-Cal Fee-for-Service | 19.2% | 18.1% |
| Medi-Cal Managed Care | 35.8% | 38.3% |
| Insurance | 1.4% | 1.3% |
| Self Pay | 3.3% | 2.9% |
| Indigent | 31.6% | 30.9% |
| Total | 100.0% | 100.0% |

| San Joaquin General Hospital Children's Health Services (#7080) November 2012 Preliminary Financial Results | | | | |
|---|------------------|---------------------------------|----------------------------------|--|
| | November 2012 | Fiscal Year-to-Date Total | Estimated Collection Rates | |
| Medicare | - | - | | |
| Medi-Cal Fee-for-Service | 66,477 | 432,794 | 26.02% | |
| Medi-Cal Managed Care | 200,412 | 1,397,593 | 12.69% | |
| Insurance | 4,129 | 26,769 | 41.06% | |
| Self Pay | 218 | 3,068 | 46.31% | |
| Indigent | 0 | 0 | | |
| Gross Revenue | \$ 271,236 | \$ 1,860,224 | | |
| Contractual/Bad Debt/Charity | 226,710 | 1,557,844 | | |
| Estimated Net Revenue | 44,526 | 302,380 | | |
| % of Gross Revenue | 16.4% | 16.3% | | |
| RNs | 12,740 | 77,506 | | |
| LVNs | 3,642 | 15,779 | | |
| Aides & Orderlies | 17,615 | 93,541 | | |
| Clerical | 4,709 | 23,633 | | |
| Non-Physician Medical Pract | 16,425 | 44,916 | | |
| Other Salaries | - | - | | |
| Temporary Nurse Staffing | - | - | | |
| Temporary Staffing | - | - | | |
| Total Salaries | 55,131 | 255,375 | | |
| Benefits | 47,059 | 200,980 | | |
| As a % of Salaries | 85.4% | 78.7% | | |
| Total Salaries and Benefits | 102,190 | 456,355 | | |
| Physician Compensation | 91,053 | 433,934 | | |
| Supplies | 2,458 | 23,221 | | |
| Purchased Services | 1,761 | 5,239 | | |
| Other Direct Expense | 1,630 | 7,691 | | |
| Depreciation | 395 | 1,973 | | |
| Total Expenses | 199,487 | 928,413 | | |
| Operating Income | \$ (154,961) | \$ (626,033) | | |
| <u>Payor Mix</u> | | | | |
| Medicare | 0% | 0% | | |
| Medi-Cal Fee-for-Service | 24.5% | 23.3% | | |
| Medi-Cal Managed Care | 73.9% | 75.1% | | |
| Insurance | 1.5% | 1.4% | | |
| Self Pay | 0.1% | 0.2% | | |
| Indigent | 0.0% | 0.0% | | |
| Total | 100.0% | 100.0% | | |

*Healthy Families
(HPSJ & Anthem)*

| | | | | |
|---|--------------|--|----------------|------------|
| San Joaquin General Hospital | | | | |
| Family Medicine (#7092) | | | | |
| November 2012 Preliminary Financial Results | | | | |
| | | | Fiscal | Estimated |
| | November | | Year-to-Date | Collection |
| | 2012 | | Total | Rates |
| Medicare | 55,095 | | 323,791 | 19.46% |
| Medi-Cal Fee-for-Service | 35,179 | | 196,775 | 20.52% |
| Medi-Cal Managed Care | 113,768 | | 664,472 | 11.66% |
| Insurance | 4,928 | | 26,553 | 42.34% |
| Self Pay | 22,336 | | 110,121 | 44.52% |
| Indigent | 144,149 | | 890,695 | 1.49% |
| Gross Revenue | \$ 375,455 | | \$ 2,212,407 | |
| | | | | |
| Contractual/Bad Debt/Charity | 330,071 | | 1,958,002 | |
| | | | | |
| Estimated Net Revenue | 45,384 | | 254,405 | |
| % of Gross Revenue | 12.1% | | 11.5% | |
| | | | | |
| RNs | 747 | | 812 | |
| LVNs | 4,189 | | 30,865 | |
| Aides & Orderlies | 22,881 | | 119,528 | |
| Clerical | - | | - | |
| Non-Physician Medical Pract | - | | - | |
| Other Salaries | - | | - | |
| Temporary Nurse Staffing | 4,118 | | 76,306 | |
| Temporary Staffing | 4,388 | | 19,138 | |
| Total Salaries | 36,323 | | 246,649 | |
| | | | | |
| Benefits | 26,467 | | 109,543 | |
| As a % of Salaries | 72.9% | | 44.4% | |
| Total Salaries and Benefits | 62,790 | | 356,192 | |
| | | | | |
| Physician Compensation | 128,826 | | 864,393 | |
| Supplies | 3,194 | | 28,833 | |
| Purchased Services | 60 | | 8,977 | |
| Other Direct Expense | 6,483 | | 32,651 | |
| Depreciation | 2,158 | | 10,198 | |
| Total Expenses | 203,511 | | 1,301,244 | |
| | | | | |
| Operating Income | \$ (158,127) | | \$ (1,046,839) | |
| | | | | |
| Payor Mix | | | | |
| Medicare | 14.7% | | 14.6% | |
| Medi-Cal Fee-for-Service | 9.4% | | 8.9% | |
| Medi-Cal Managed Care | 30.3% | | 30.0% | |
| Insurance | 1.3% | | 1.2% | |
| Self Pay | 5.9% | | 5.0% | |
| Indigent | 38.4% | | 40.3% | |
| Total | 100.0% | | 100.0% | |

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| San Joaquin General Hospital | | | | |
| Primary Medicine (#7096) | | | | |
| November 2012 Preliminary Financial Results | | | | |
| | | | Fiscal | Estimated |
| | November | | Year-to-Date | Collection |
| | 2012 | | Total | Rates |
| Medicare | 61,922 | | 346,838 | 15.69% |
| Medi-Cal Fee-for-Service | 21,929 | | 100,625 | 20.15% |
| Medi-Cal Managed Care | 97,203 | | 515,528 | 10.96% |
| Insurance | 5,926 | | 18,151 | 10.23% |
| Self Pay | 21,134 | | 111,538 | 52.19% |
| Indigent | 266,077 | | 1,491,258 | 0.96% |
| Gross Revenue | \$ 474,191 | | \$ 2,583,938 | |
| | | | | |
| Contractual/Bad Debt/Charity | 435,213 | | 2,378,357 | |
| | | | | |
| Estimated Net Revenue | 38,978 | | 205,581 | |
| % of Gross Revenue | 8.2% | | 8.0% | |
| | | | | |
| RNs | 6,534 | | 30,542 | |
| LVNs | 4,268 | | 20,465 | |
| Aides & Orderlies | 26,360 | | 139,890 | |
| Clerical | 963 | | 7,298 | |
| Non-Physician Medical Pract | 6,213 | | 43,578 | |
| Other Salaries | - | | - | |
| Temporary Nurse Staffing | 7,591 | | 9,319 | |
| Temporary Staffing | - | | - | |
| Total Salaries | 51,929 | | 251,092 | |
| | | | | |
| Benefits | 33,727 | | 145,020 | |
| As a % of Salaries | 64.9% | | 57.8% | |
| Total Salaries and Benefits | 85,656 | | 396,112 | |
| | | | | |
| Physician Compensation | 134,874 | | 661,366 | |
| Supplies | 1,324 | | 15,348 | |
| Purchased Services | - | | - | |
| Other Direct Expense | 877 | | 4,570 | |
| Depreciation | 336 | | 1,956 | |
| Total Expenses | 223,067 | | 1,079,352 | |
| | | | | |
| Operating Income | \$ (184,089) | | \$ (873,771) | |
| | | | | |
| Payor Mix | | | | |
| Medicare | 13.1% | | 13.4% | |
| Medi-Cal Fee-for-Service | 4.6% | | 3.9% | |
| Medi-Cal Managed Care | 20.5% | | 20.0% | |
| Insurance | 1.2% | | 0.7% | |
| Self Pay | 4.5% | | 4.3% | |
| Indigent | 56.1% | | 57.7% | |
| Total | 100.0% | | 100.0% | |

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| San Joaquin General Hospital | | | | |
| Healthy Beginnings California Street (#7182) | | | | |
| November 2012 Preliminary Financial Results | | | | |
| | | | Fiscal | Estimated |
| | November | | Year-to-Date | Collection |
| | 2012 | | Total | Rates |
| Medicare | 545 | | 9,022 | 32.74% |
| Medi-Cal Fee-for-Service | 76,043 | | 403,695 | 20.57% |
| Medi-Cal Managed Care | 49,855 | | 306,508 | 13.97% |
| Insurance | 1,772 | | 8,102 | 55.37% |
| Self Pay | 474 | | 1,508 | 58.09% |
| Indigent | 2,470 | | 10,957 | 10.61% |
| Gross Revenue | \$ 131,159 | | \$ 739,792 | |
| Contractual/Bad Debt/Charity | 106,855 | | 604,454 | |
| Estimated Net Revenue | 24,304 | | 135,338 | |
| % of Gross Revenue | 18.5% | | 18.3% | |
| RNs | 6,609 | | 45,940 | |
| LVNs | 2,641 | | 15,157 | |
| Aides & Orderlies | 11,224 | | 69,256 | |
| Clerical | 5,070 | | 23,274 | |
| Non-Physician Medical Pract | 5,973 | | 33,068 | |
| Other Salaries | 8,530 | | 8,530 | |
| Temporary Nurse Staffing | 2,660 | | 3,070 | |
| Temporary Staffing | - | | - | |
| Total Salaries | 42,707 | | 198,295 | |
| Benefits | 27,605 | | 124,247 | |
| As a % of Salaries | 64.6% | | 62.7% | |
| Total Salaries and Benefits | 70,312 | | 322,542 | |
| Physician Compensation | 39,072 | | 189,935 | |
| Supplies | 2,013 | | 21,523 | |
| Purchased Services | 1,731 | | 5,149 | |
| Other Direct Expense | 1,968 | | 12,980 | |
| Depreciation | 601 | | 3,037 | |
| Total Expenses | 115,697 | | 555,166 | |
| Operating Income | \$ (91,393) | | \$ (419,828) | |
| <u>Payor Mix</u> | | | | |
| Medicare | 0.4% | | 1.2% | |
| Medi-Cal Fee-for-Service | 58.0% | | 54.6% | |
| Medi-Cal Managed Care | 38.0% | | 41.4% | |
| Insurance | 1.4% | | 1.1% | |
| Self Pay | 0.4% | | 0.2% | |
| Indigent | 1.9% | | 1.5% | |
| Total | 100.0% | | 100.0% | |

Panel Management Snapshot (March '12 - Dec '12)

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| Healthplan of San Joaquin IHA Processing/Submission | 2,292 |
| Healthplan of San Joaquin Outpatient PCP Assignments | 4,323 |
| Panel Management Office/Phone Center PCP Establishments | 660 |
| Panel Management Office/Phone Center PCP Change Requests | 146 |
| Panel Management Patient Concerns Received/Processed | 181 |
| PMC Diabetic Titration Appointments Scheduled | 953 |
| FMC Diabetic Education Appointments Scheduled (since Oct '12) | 98 |
| Outside Medical Referrals Received/Processed | 4,046 |
| Internal Specialty Referrals Received/Processed | 630 |

Tasks Completed with the following resources:

| | |
|--------------------------|---|
| Full-Time Supervisor | 1 |
| Full-Time OCA's | 2 |
| Part-Time Office Workers | 5 |
| Retired Office Worker | 1 |

Panel Management is open from 8 am to 5 pm - Monday thru Friday

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

Bureau of Primary Health Care
Health Center Program

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| <p><i>Affordable Care Act New Access Point Grants</i></p> <p>Announcement Type: New and Supplemental/Revision Announcement Number: HRSA-13-228</p> <p>Catalog of Federal Domestic Assistance (CFDA) No. 93.527</p> |
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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2013

**Application Due Date in Grants.gov:
February 27, 2013**

**Supplemental Information Due Date in EHB:
April 3, 2013**

*Ensure your Grants.gov registration and passwords are current immediately.
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

**Release Date: January 16, 2013
Issuance Date: January 16, 2013**

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<http://www.hrsa.gov/grants/apply/assistance/NAP>

Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)

EXECUTIVE SUMMARY

Under this Funding Opportunity Announcement (FOA), the Health Resources and Services Administration (HRSA) is soliciting applications for New Access Point (NAP) grants under the Health Center Program, authorized by section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). The FOA details the eligibility requirements, review criteria, and awarding factors for organizations seeking a grant in fiscal year (FY) 2013 for operational support under the Health Center Program.

An important element of HRSA's commitment to improving and expanding access to needed health care services is the support of NAPs for the delivery of primary health care services to underserved and vulnerable populations under the Health Center Program. Subject to the availability of appropriated funds, HRSA anticipates awarding approximately \$19 million to support approximately 25 NAP grant awards in FY 2013. Pending the final Health Center Program appropriation funding level, HRSA may adjust the amount of funding and number of awards available under this funding opportunity announcement. This funding opportunity is supported under Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148).

Competitive NAP applications will demonstrate a high level of need in their community/population, present a sound proposal to meet this need consistent with the requirements of the Health Center Program, show that the organization is ready to rapidly initiate the proposal, display responsiveness to the health care environment of the service area, and demonstrate collaborative and coordinated delivery systems for the provision of health care to the underserved. Further, applicants are expected to demonstrate that the new access point(s) will increase access to comprehensive, culturally competent, quality primary health care services, including oral and behavioral health, and improve the health status of underserved and vulnerable populations in the area to be served.

Eligible Applicants (Refer to Section III.1 for detailed information.)

Eligible applicants must be public or nonprofit private entities, including tribal, faith-based, and community-based organizations. Applications may be submitted from new organizations or organizations currently receiving operational grant funding under section 330.

Applicants must propose a new access point that:

- a. Provides comprehensive primary medical care as its primary purpose.
- b. Provides services, either directly onsite or through established arrangements, without regard to ability to pay.
- c. Ensures access to services for all individuals in the targeted service area/population.
- d. Provides services at one or more permanent service delivery sites.

Applicants must demonstrate compliance with the requirements of section 330 of the PHS Act, as amended, applicable regulations, and other program requirements. Program requirements are available in Appendix F and at <http://bphc.hrsa.gov/about/requirements>.